

**Kent State University**  
**Master of Science in Information Architecture and Knowledge Management**  
**Practicum Contract**  
**IAKM 60692 (2-3 credit hours)**

**STUDENT INFORMATION**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/state/zip \_\_\_\_\_  
Home phone \_\_\_\_\_ Work phone \_\_\_\_\_  
Email \_\_\_\_\_

**SITE INFORMATION**

Anticipated schedule for practicum experience \_\_\_\_\_  
\_\_\_\_\_

On-site practicum supervisor \_\_\_\_\_  
Title \_\_\_\_\_ Work place \_\_\_\_\_  
Address \_\_\_\_\_  
City/state/zip \_\_\_\_\_  
Work phone \_\_\_\_\_  
Email \_\_\_\_\_  
Date of initial meeting with on-site practicum supervisor \_\_\_\_\_

**Please attach:**

- 1) Outline of work plan and timeline for practicum experience: (List anticipated experiences and approximate hours for completion. Attach additional material as necessary.)
- 2) Outline of paper/project in conjunction with the practicum experience.

\_\_\_\_\_  
Student Signature                      Date                      On-site Practicum Supervisor                      Date

**IAKM Practicum Advisor Approval**

Date of meeting with IAKM Practicum Advisor \_\_\_\_\_  
Suggestions/Recommendations:

\_\_\_\_\_  
IAKM Practicum Advisor                      Date                      Number of Credit Hours (2-3) \_\_\_\_\_  
Concentration \_\_\_\_\_

\_\_\_\_\_  
IAKM Director                      Date